

SERFF Tracking Number:	PRTA-126687850	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	46042
Company Tracking Number:	BETH WCUE35		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	WC-UE35 6-10		
Project Name/Number:	WC-UE35 6-10/WC-UE35 6-10		

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-UE35 6-10	SERFF Tr Num: PRTA-126687850	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved- Closed	State Tr Num: 46042
Sub-TOI: L09I.001 Single Life	Co Tr Num: BETH WCUE35	State Status: Approved-Closed
Filing Type: Form	Author: Beth Fledderman	Reviewer(s): Linda Bird
	Date Submitted: 06/24/2010	Disposition Date: 06/28/2010
		Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:

General Information

Project Name: WC-UE35 6-10	Status of Filing in Domicile: Pending
Project Number: WC-UE35 6-10	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: We are filing the form concurrently in the company's domiciliary state of Nebraska.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/28/2010	Explanation for Other Group Market Type:
	State Status Changed: 06/28/2010
Deemer Date:	Created By: Beth Fledderman
Submitted By: Beth Fledderman	Corresponding Filing Tracking Number: PRTA- 126687790
Filing Description:	
WC-UE35 6-10 /// Pre-Determined Death Benefit Payout Option Endorsement	
WC-UE35S 6-10 /// Supplemental Policy Schedule	
W-U-437 (6/10) /// Supplemental Application	

Please note that an identical filing (except for corporate and form number references) is being made for West Coast

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Life's affiliate Protective Life Insurance Company. We show the corresponding SERFF Tracking Number in the "Corresponding Filing Tracking Number" area.

We are submitting the captioned forms for review and approval. They are new forms, which will not replace any form currently in use by the company. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards.

Currently this optional endorsement will be available with the following base policies:

WC-U15-AR 11-06 Approved 10/25/2006 SERFF Tracking SERT-6TMV6E299/State Tracking 34008

WC-U17-AR 2-10 Approved 05/12/2010 SERFF Tracking PRTA-126596597/State Tracking 45483

The endorsement is intended for the general insurance market. It is only offered at issue on new policies, and is optional on the part of the policyholder. There is no cost to the policy holder if the endorsement is elected. The endorsement will offer the owner choices in how the death benefit will be paid to the beneficiary. The Pre-Determined Death Benefit Payout may include an initial lump sum and/or installment payments of a fixed amount for a certain number of years. The Owner may choose the combination amounts of the initial lump sum and payments that best suits their needs. Prior to the insured's death, the owner also has the option to change from the Pre-Determined Death Benefit Payout to a single lump sum death benefit of the face amount.

The submitted forms are in final print, just, as they will be delivered to contract owners. The company reserves the right at any time to make minor non-material format changes including, but not limited to: paper stock, type face (but not font size) and page layout that become unavoidably necessary as a result of computer hardware and/or software upgrades and print technology changes. We certify that any necessary format changes will not affect the specific content of the approved form.

We are filing the form concurrently in the company's domiciliary state of Nebraska.

If you need further information, please contact Beth Fledderman via SERFF, toll-free phone (800) 866-3555 x5539, or e-mail beth.fledderman@protective.com.

Sincerely,
Beth Fledderman
Contract Filing Specialist
Life and Annuity Division / Product Development

Company and Contact

SERFF Tracking Number: PRTA-126687850 State: Arkansas
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Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist
 elizabeth.fledderman@protective.com
 2801 Highway 280 South
 Birmingham, AL 35223
 800-866-3555 [Phone] 5539 [Ext]
 205-268-3401 [FAX]

Filing Company Information

West Coast Life Insurance Company
 2801 Highway 280
 Birmingham, AL 35223
 (800) 866-3555 ext. [Phone]
 CoCode: 70335
 Group Code: 458
 Group Name:
 FEIN Number: 94-0971150
 State of Domicile: Nebraska
 Company Type: Life Insurance
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing and no retaliatory fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	06/24/2010	37496682
West Coast Life Insurance Company	\$100.00	06/25/2010	37539361

<i>SERFF Tracking Number:</i>	<i>PRTA-126687850</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>BETH WCUE35</i>		
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	<i>Adjustable Life</i>		
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<i>Project Name/Number:</i>	<i>WC-UE35 6-10/WC-UE35 6-10</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/28/2010	06/28/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/25/2010	06/25/2010	Beth Fledderman	06/25/2010	06/25/2010

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Disposition

Disposition Date: 06/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification		Yes
Form	Pre-Determined Death Benefit Payout		Yes
	Endorsement		
Form	Supplemental Policy Schedule		Yes
Form	Supplemental Application		Yes

SERFF Tracking Number: *PRTA-126687850* *State:* *Arkansas*
Filing Company: *West Coast Life Insurance Company* *State Tracking Number:* *46042*
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TOI: *L09I Individual Life - Flexible Premium* *Sub-TOI:* *L09I.001 Single Life*
 Adjustable Life
Product Name: *WC-UE35 6-10*
Project Name/Number: *WC-UE35 6-10/WC-UE35 6-10*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/25/2010
Submitted Date 06/25/2010
Respond By Date 07/26/2010

Dear Elizabeth Fledderman,

 This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: WC-UE35 6-10/WC-UE35 6-10

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/25/2010
Submitted Date 06/25/2010

Dear Linda Bird,

Comments:

Thank you for your time in review of this filing.

Response 1

Comments: The additional fee has been submitted via EFT.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please contact me if you have further questions or comments.

Beth Fledderman

(800) 866-3555, Ext. 5539

beth.fledderman@protective.com

Sincerely,

Beth Fledderman

SERFF Tracking Number: PRTA-126687850 State: Arkansas

Filing Company: West Coast Life Insurance Company State Tracking Number: 46042

Company Tracking Number: BETH WCUE35

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: WC-UE35 6-10

Project Name/Number: WC-UE35 6-10/WC-UE35 6-10

Form Schedule

Lead Form Number: WC-UE35 6-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-UE35 6-10	Policy/Cont	Pre-Determined ract/Fratern Death Benefit Payout al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.000	WC-UE35 6-10.pdf
	WC-UE35S 6-10	Schedule Pages	Supplemental Policy Schedule	Initial		0.000	WC-UE35S 6-10.pdf
	W-U-437 (6/10)	Application/ Enrollment Form	Supplemental Application	Initial		55.200	W-U-437 (610).pdf



State of Domicile: [Nebraska]
[P.O. Box 830570, Birmingham, AL 35283
Home Office: Birmingham, Alabama
1-800-366-9378]

PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT

We are amending the Policy to which this endorsement is attached to fix the terms of payment for the Policy's Death Benefit to conform to the instructions you provided us when you purchased the Policy. There is no charge for this endorsement. The Policy is revised as described in this endorsement. Policy provisions not expressly modified by this endorsement remain in full force and effect.

1. The provisions that follow are added to the end of the section entitled "Death Benefit".

Payment of the Death Benefit Proceeds: The amount, frequency and duration for payment of the Death Benefit Proceeds are described in the Death Benefit Payment Schedule shown in the Supplemental Policy Schedule. We will make the initial payment as soon as administratively possible after we receive a claim in good order. A Beneficiary may apply Death Benefit Proceeds, which are payable as either an initial or single lump sum, to a settlement option.

If the Death Benefit is adjusted according to the Policy provisions prior to paying the Proceeds to the Beneficiary, the amounts shown in the Death Benefit Payment Schedule will be adjusted pro-rata. Death Benefits payable from any rider attached to this policy will be added to the initial lump sum, if any. If the Death Benefit Proceeds are to be paid by installments only, rider death benefits will be added to the first installment.

Death of the Beneficiary: If a Beneficiary dies before their share of the Death Benefit Proceeds are paid in full, we will continue the Installment Payments to their successor Beneficiary, as contained in our records. A successor Beneficiary is the person designated by the Beneficiary to receive the remaining death benefit proceeds, if any, upon the Beneficiary's death. If no successor Beneficiary is named, or if no successor Beneficiary is living at the time of that Beneficiary's death, we will pay the entire commuted value to the estate of the deceased Beneficiary.

2. The following provision is added to the end of the section entitled "Changing the Policy".

Changing the Death Benefit Payment Schedule: While this Policy is in force during the life of the Insured, you may change the Death Benefit Payment Schedule or elect payment of the death benefit in a single lump sum with no installment payments. A Beneficiary cannot change the Death Benefit Payment Schedule or elect a single lump sum after the death of the Insured. We must receive written consent from any irrevocable beneficiary or assignee of record.

Signed for the Company as of the Effective Date.

WEST COAST LIFE INSURANCE COMPANY

[*Deborah J. Long*]

Secretary

SUPPLEMENTAL POLICY SCHEDULE

POLICY NUMBER: [SPECIMEN]

PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT

POLICY INFORMATION ON THE POLICY EFFECTIVE DATE

POLICY EFFECTIVE DATE: [JULY 1, 2010]

INSURED: [JOHN DOE]

AGE: [35]

GENDER: [MALE]

INITIAL DEATH BENEFIT OPTION: [LEVEL]

DEATH BENEFIT PAYMENT SCHEDULE

THE DEATH BENEFIT PAYMENT SCHEDULE INDICATES HOW DEATH BENEFIT PROCEEDS WILL BE PAID.

INITIAL LUMP SUM BENEFIT: [\$100,000]

ANNUAL BENEFIT INSTALLMENTS: [\$100,000] FOR [10] YEARS

TOTAL BENEFIT PAYMENT INCLUDING INSTALLMENTS: [\$1,100,000]

INITIAL FACE AMOUNT*: [\$950,000]

*THE INITIAL FACE AMOUNT IS THE AMOUNT USED TO DETERMINE THE POLICY DEATH BENEFIT, PREMIUMS, VALUES, CHARGES AND FEES. IT IS DETERMINED SO THAT ON THE POLICY EFFECTIVE DATE, THE INITIAL FACE AMOUNT IS THE INITIAL LUMP SUM BENEFIT PLUS THE PRESENT VALUE OF THE ANNUAL BENEFIT INSTALLMENTS.

West Coast Life Insurance Company

[P.O. Box 830570
Birmingham, Alabama, 35283]

Supplemental Application Pre-Determined Death Benefit Payout Endorsement

Proposed Insured _____ Policy Number _____

1. I wish to elect the Pre-Determined Death Benefit Payout Endorsement.

2. Please indicate the desired Death Benefit Payment Schedule:

Initial Lump Sum, if any: \$ _____
Annual Benefit Amount: \$ _____
Installment Duration: _____ Years
Installment Date: ____ Month ____ Day

3. Beneficiary: If multiple beneficiaries named, shares of both the initial lump sum and each installment will be divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	% of Initial Lump Sum, if any	% of Annual Benefit Amount
Contingent	Relationship	% of Initial Lump Sum, if any	% of Annual Benefit Amount

Signed at: _____
(City/State)

Signature of Proposed Insured

Date

Signature of Owner

Date

Signature of Agent

Date

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: WC Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this optional endorsement filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable to this optional endorsement filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: WC-UE35 Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment:		

<i>SERFF Tracking Number:</i>	<i>PRTA-126687850</i>	<i>State:</i>	<i>Arkansas</i>
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WC AR Certification.pdf

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I certify that the submitted forms have achieved Flesch Reading Ease Test Scores as follows.
Each form listed includes state variations.

Form Number	Flesch Score
WC-UE35 6-10	55.0
WC-UE35S 6-10	N/A (Schedule)
W-U-437 (6/10)	55.2



Keith Kirkley, JD, MBA
Assistant Vice President

Date: June 24, 2010

Statement of Variability
Pre Determined Death Benefit Payout Option Endorsement – WC-UE35 6-10
Supplemental Policy Schedule – WC-UE35S 6-10
Supplemental Application – W-U-437 (6/10)

General Information

Variable material is denoted by [square brackets].

Data and table entries that are dependent upon gender, age, rate class, premium pattern, interest rates, etc., are determinable and will populate the appropriate data fields at policy issue. The Schedule Page numbering may vary due to the length of table entries, etc.

No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

Specific Variables

Form WC-UE35 6-10

Company Address and Phone Number

Will only be changed to accurately disclose the company's correct mailing address and phone number.

Company State of Domicile

Will only be changed to accurately disclose the company's state of domicile. This change would not be made until any required notifications or regulatory filings are completed.

Company Officer Name, Title, and Signature

Will only be changed to accurately disclose the company's officer. This change would not be made until any required notifications or regulatory filings are completed.

Form WC-UE35S 6-10

POLICY INFORMATION ON THE POLICY EFFECTIVE DATE

Items vary by applicant, or "John Doe" information

Policy Effective Date, Insured, Age, Gender, Initial Death Benefit Options

DEATH BENEFIT PAYMENT SCHEDULE

Items vary based upon choices of the Owner.

Initial Lump Sum - May range from \$0 to the initial face amount

Annual Benefit Installments – the dollar figure is chosen by the owner and the duration may range from 1 to 30 years

Total Benefit Payment including installments – the sum of the initial lump sum amount and the total annual benefit installments.

Initial Face Amount – the sum of the initial lump sum amount and the present value of the total annual benefit installments.

Form W-U-437 (6/10)

Company Address and Phone Number

Will only be changed to accurately disclose the company's correct mailing address and phone number.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive, flowing style.

Keith Kirkley, J.D. MBA
Assistant Vice President
West Coast Life Insurance Company

July 24, 2010

WEST COAST LIFE INSURANCE COMPANY
Birmingham, Alabama

STATE OF ARKANSAS

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the attached forms WC-UE35 6-10, et al are in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

Date: June 24, 2010